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APPLICATION NO.	FILING DATE		FIRST NAME	D INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.			
10/800,626	03/16/2004	Hideo Ando			249736US2SDIV		9695				
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CFR 1.363). Change of correspondence address (or Change of Correspondences form PTO/SB/122) attached.			registered attorney or agent) and the n			McCLELLAND, MAJER					
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PTO/SB/47; Rev 03-02 Number is required.	"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custor Number is required.				2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
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KABUSHIKI KAI					shi, JAPAN			_			
Please check the appropriat	e assignee category or catego	ries (will not be pr	inted on the p	oatent):	Individual 🛣 C	corporation or o	other private g	roup entity UG	overnment		
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	s (from status indicated above SMALL ENTITY status. See		☐ b. Applic	cant is no	longer claiming SMA	LL ENTITY s	tatus. See 37 (CFR 1.27(g)(2).			
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Authorized Signature	Raymond F. Can	dillo fr		-	Date	JAN	2 0 20	06			
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